

**DISTRICT OF COLUMBIA**

**LEAD-BASED PAINT MANAGEMENT PROGRAM**

**APPLICATION BOOKLET**

**FOR**

**PERMITTING AND NOTIFICATION**

**OF**

**LEAD HAZARD REDUCTION AND CONTROL PROJECTS**

**June 2003**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**



**Office of the Senior Deputy Director  
for Environmental Health Science and Regulation**



Dear Contractor:

Please be informed that effective November 30, 1999, all contractors conducting Lead-Based Paint Abatement, as defined by the District of Columbia Code 6-997.1, within the District of Columbia are required to obtain a permit (per District of Columbia Code 6.997.7) and pay the associated fee.

Permit applications/notifications are to be sent to the Department of Health at least ten (10) business days prior to conducting a Lead-Based Paint Abatement project. Additional fees may be due the District when abatement project cost increase after permit issuance. Failure to pay any fee increases due the District may subject you to enforcement action. Fees are to be made payable to the D.C. Treasurer and are non-refundable.

After clearing DCRA's (Department of Consumer and Regulatory Affairs) permit center at 941 North Capital Street, N.E., 2<sup>nd</sup> floor, please submit your completed application/notification forms to:

D.C. Department of Health  
Environmental Health Administration  
Lead Poisoning Prevention Division  
Lead-Based Paint Management Program  
51 N Street, N.E., 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Attn: Ms. Denise Newton

Enforcement action will be taken to the fullest extent of the law for contractors who fail to comply with the certification, permitting and notification requirements of the District's Lead Poisoning Prevention Program.

Copies of the District's Lead Permitting and Notification Application Booklets with the necessary forms are enclosed for your information and use. Should you have any questions, please do not hesitate to contact the Lead Poisoning Prevention Division at (202) 535-2627 between the hours of 8:30 A.M. and 4:40 P.M., Monday through Friday (except holidays) or contact our LEAD HOTLINE on 1-877-338-0364. We look forward to working with you.

Sincerely,

Theodore J. Gordon  
Senior Deputy Director for Environmental Health  
Health Science and Regulation

Enclosure

TJG/ca

# DISTRICT OF COLUMBIA CERTIFICATION, ACCREDITATION, TESTING, PERMITTING & NOTIFICATION REQUIREMENTS

Rev. 6/24/03

LEAD ABATEMENT TRAINING COURSE HOURS		
		COMMENTS
Inspector (hands-on)	24 hours 8 hours	Certification Fee: \$300 per two years
Risk Assessor (hands-on)	16 hours 4 hours (Inspector + 16 hours)	Certification Fee: \$300 per two years
Supervisor (hands-on)	32 hours 8 hours	Certification Fee: \$300 per two years
Project Designer (hands-on)	8 (Supervisor + 8 hours)	Certification Fee: \$300 per two years
Worker (hands-on)	16 hours 8 hours	Certification Fee: \$60 per two years
SCOPE OF ENFORCEMENT		
Target Housing/Child Occupied Facilities	Yes	
Bridges/Structural	Yes	Certified contractor, supervisor and workers required.
Abatement Project/Commercial (stores/offices)	Yes	Special attention to private schools, churches, museums, recreational facilities, institutional facilities, etc. frequented by children
Federal & District Government Facilities/Public Schools	Yes	A permit fee is assessed. Permit/Notification required. Certification of employees, supervisors & contractor/business is required.
Permit/Notification	Yes, at least ten (10) business days prior to start of work	Fee: \$40 plus 3% of abatement contract
THIRD PARTY EXAMINATION		
Inspector	Yes	Passing scores of 70 or better are required.
Supervisor	Yes	Passing scores of 70 or better are required.
Risk Assessor	Yes	Passing scores of 70 or better are required.
Project Designer	No	Third party exam is not required.
Worker	No	Third party exam is not required.
PHOTO I.D.'S FOR CERTIFICATION		
Individual Disciplines	Yes	Photos are taken at time of in person application unless permission is granted for nonstandard application.
Business Entity: (Contractor/Consultant)	No	Certification Fee: \$300 per year
INSURANCE LIABILITY		
Risk Assessor	Yes	Required if conducting clearance testing.
Business Entity	Yes	Required at permitting for contractors and at certification for consultants and firms and if performing clearance testing.
EXEMPTIONS		
Homeowner/Owner Occupied	Yes	Individuals who perform lead hazard control activities at residences which they own <u>unless</u> the residence is occupied by a non-owner or non-immediate family member(s) or a child age six or younger resides or frequently visits subject property are exempt.  Activities involving owner-contractor agreements with the intent to permanently abate lead are non exempt.
Homeowner with elevated blood lead level child	No	Owner must utilize a certified contractor.
Elderly *	Yes	* Elderly column refers to housing specifically for the elderly- Housing for the elderly or persons with disabilities; unless any child under the age of eight years resides, is expected to reside in or regularly visits such housing.
Elderly with elevated blood lead level child	No	A certified contractor must be used.
Zero Bedroom Residential Unit	Yes	A unit such as an efficiency apartment, dormitory, etc., is exempt.
Built after 1978	Yes	
DEFINITION OF LEAD-BASED PAINT & FREQUENTLY ASKED QUESTIONS		
1.0 mg/cm <sup>2</sup>	Yes	
Clearance levels for lead in dust are 40 µg/ft <sup>2</sup> for floors, 250µg/ft <sup>2</sup> for interior window sills, and 400 µg/ft <sup>2</sup> for window troughs.	Yes (Clearance levels)	Soil hazard levels: 400 ppm or greater in play areas or in the rest of the yard (non play areas) when 1,200 ppm or greater.
(Must an applicant seeking reciprocity from another Region III State take a Refresher Course from a D.C. Accredited Training Provider in order to get certified in D.C.)		
Individual Disciplines	Yes	If applicant has not received training from a D.C. accredited provider, then a D.C. refresher will be required.
(Must an applicant certified from another Region III State take a 3 <sup>rd</sup> Party Exam from a District of Columbia Exam Provider as part of getting certified in D.C.)		
Individual Disciplines (inspector, supervisor, & risk assessor)	Yes	The two part: discipline exam and the D.C. specific exam are required. If it is determined that an applicant's initial exam is equivalent to D.C.'s core exam, then only the D.C. specific exam would be required.

**INSTRUCTIONS FOR COMPLETING THE LEAD-BASED PAINT HAZARD REDUCTION & CONTROL PERMIT  
APPLICATION AND NOTIFICATION FORM**

Per D.C. Code § 6-997.7, contractors who conduct lead-based paint activities, as defined in D.C. Code § 6-997.1(1), in the District of Columbia shall obtain a permit. Permits are required for all lead-based paint hazard reduction and control projects, regardless of type of structure or building and size of the hazard reduction and control project. Please read and follow these instructions when completing the application.

**TYPE OR PRINT all answers in ink.**

1. Check the type of application.
2. Include the address of the property, square number, lot, and ward, if applicable.
3. Insert the name and address of the general contractor.
4. Insert the name and telephone number of the abatement contractor's contact person for this particular project and insert the abatement contractor's District of Columbia Business Entity lead certification number and provide a copy of the D.C. lead certification card.
5. Insert name of the assigned supervisor for this project.
6. Insert the telephone number and beeper or cellular telephone number for the assigned supervisor.
7. Insert the property owner (Full Name); and if different from the abatement address, insert the address of the property owner.
8. Describe the present use of the property or structure; i.e., residential building, commercial building, bridge, tower, etc.
9. Insert the approximate date the facility/structure was built. A year will suffice.
10. Insert the start and completion dates. (If you are applying for the permit and do not know the exact start dates, you may leave this blank and notify this office no less than 10 business days prior to the start of the project.)
11. Indicate the hours in which lead reduction and/or control activities will be conducted.
12. Insert the approximate amount of lead-based paint hazard to be reduced and/or controlled.
13. Give a brief description of the work to be performed.
14. Insert the type of lead reduction or control method to be employed; i.e., removal, encapsulation, replacement, etc.
15. Insert the provisions for medical surveillance and worker protection.
16. Give a brief description of the areas adjacent to the lead hazard reduction or control project, i.e., residential housing/apartment, commercial buildings, office buildings, playground, etc.
17. Please state the intended disposal site of generated waste. If hazardous waste is generated, please describe how you intend to comply with the hazardous waste requirements of Title 20 DCMR Chapters 40-54.
18. Please state the amount of the contract to conduct the lead hazard reduction or control. If the project involves other work that is not considered lead-based paint reduction or control; do not include that as part of the contract amount.
19. Please state the amount of reduction and/or control permit fee submitted. As indicated on the application, permit fee equals \$40.00 plus 3% of the lead related project cost. If the contract for lead-related work is for \$2,000.00, the total permit fee equals:  
$$\$40.00 + (.03 \times \$2,000.00) = \$40.00 + \$60.00 = \$100.00$$

Please be sure to sign and date the application, and include the attachments that are required to be submitted. Upon review and approval of the application, a permit will be issued. The permit will be valid only for the duration of the project or for one year, whichever is less. Any change in start or completion dates will require an amended notification. The permit must be maintained at the project site at all times and available upon request from the Department of Health inspectors. **This application for permit/notification must be submitted at least ten (10) business days prior to the start of the lead reduction and/or control project.**

**Please submit to:**

**DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH ADMINISTRATION  
BUREAU OF HAZARDOUS MATERIAL AND TOXIC SUBSTANCES  
LEAD POISONING PREVENTION DIVISION  
LEAD-BASED PAINT MANAGEMENT PROGRAM  
51 N STREET, N.E., 3<sup>RD</sup> FLOOR  
WASHINGTON, D.C. 20002  
ATTENTION: MS. DENISE NEWTON**



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH ADMINISTRATION  
BUREAU OF HAZARDOUS MATERIAL AND TOXIC SUBSTANCES  
LEAD POISONING PREVENTION DIVISION  
51 N STREET, N.E., 3<sup>RD</sup> FLOOR  
WASHINGTON, D.C. 20002

**LEAD-BASED PAINT HAZARD REDUCTION AND CONTROL  
PERMIT APPLICATION AND/OR NOTIFICATION FORM**

NOTE: This form is applicable to projects designed to eliminate or reduce lead-based paint hazards in pre 1978 structures.

- OFFICIAL USE ONLY -  
PERMIT OR NOTIFICATION NUMBER: \_\_\_\_\_

1. TYPE OF APPLICATION (check all that apply): INITIAL PERMIT ☐ PROJECT NOTIFICATION: ☐
2. PROPERTY LOCATION/ADDRESS: \_\_\_\_\_  
SQUARE # \_\_\_\_\_ LOT # \_\_\_\_\_ WARD # \_\_\_\_\_
3. GENERAL CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_
4. ABATEMENT CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
D.C. LEAD (BUSINESS ENTITY) CERTIFICATION NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_
5. NAME OF SUPERVISOR ASSIGNED TO THE PROJECT: \_\_\_\_\_  
SUPERVISOR'S D.C. LEAD CERTIFICATION NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_
6. CONTACT NUMBERS FOR ASSIGNED SUPERVISOR: \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ BEEPER/CELL PHONE \_\_\_\_\_
7. PROPERTY OWNER: \_\_\_\_\_  
ADDRESS OF OWNER (if different from project location) \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
8. PRESENT USE OF PROPERTY/STRUCTURE: \_\_\_\_\_
9. DATE THE FACILITY/BUILDING/STRUCTURE WAS BUILT: \_\_\_\_\_
10. START/COMPLETION DATE(S) OF PROJECT (Notify this office no less than 10 business days prior to the start of the project. If dates are unknown at the time of initial application, dates may be left blank and this office must be notified by the use of the "Notification Revision Form" no less than 10 business days prior to the start of the lead activity.  
PROJECT START DATE: \_\_\_\_\_ END/COMPLETION DATE: \_\_\_\_\_
11. WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.

**LEAD-BASED PAINT HAZARD REDUCTION AND CONTROL PERMIT APPLICATION AND NOTIFICATION FORM**

12. APPROXIMATE AMOUNT OF LEAD-BASED PAINT HAZARD TO BE REDUCED AND/OR CONTROLLED (in square or linear feet): Square Feet: \_\_\_\_\_ Linear Feet: \_\_\_\_\_
13. DESCRIPTION OF WORK TO BE PERFORMED (e.g., Indoor/Outdoor, lead components – windows, doors, walls, etc., areas of work – attach drawings & related specs. if available)  
\_\_\_\_\_  
\_\_\_\_\_
14. DESCRIPTION OF LEAD REDUCTION AND/OR ENVIRONMENTAL CONTROL METHODS TO BE EMPLOYED :  
\_\_\_\_\_  
\_\_\_\_\_
15. PROVISIONS FOR MEDICAL SURVEILLANCE AND WORKER PROTECTION:  
\_\_\_\_\_  
\_\_\_\_\_
16. DESCRIPTION OF AREA(S)/NEIGHBORING PROPERTIES IMMEDIATELY ADJACENT TO HAZARD REDUCTION AND/OR CONTROL SITE: \_\_\_\_\_
17. LIST THE INTENDED DISPOSAL SITE OF GENERATED WASTE, AND IF HAZARDOUS WASTE IS GENERATED, PLEASE DESCRIBE THE INTENDED COMPLIANCE WITH THE REQUIREMENTS FOR HAZARDOUS WASTE PRESCRIBED BY TITLE 20 DCMR CHAPTERS 40-54: \_\_\_\_\_
18. ESTAMATED OR ACTUAL COST OF HAZARD REDUCTION AND CONTROL CONTRACT: \$ \_\_\_\_\_
19. FEE SUBMITTED FOR LEAD HAZARD REDUCTION AND CONTROL PERMIT  
(PERMIT FEES ARE WAIVED FOR GOVERNMENT CONTRACTS): \$ \_\_\_\_\_

**AFFIDAVIT**

I certify that the above information is accurate, true and correct to the best of my knowledge and that all lead abatement will be conducted in accordance with all applicable work practice standards of Federal and District of Columbia laws. I also certify that any hazardous waste generated as a result of this project will be disposed of in compliance with the requirements for hazardous waste disposal as prescribed by Title 20 DCMR Chapters 40-54. Finally, I attest that only appropriately D.C. certified individuals will be used for all hazard reduction and/or control work and that no outstanding debts are owed to the District of Columbia Government.

\_\_\_\_\_  
Signature of Contractor/Title\_\_\_\_\_  
Date

NOTE: PLEASE ENSURE THE FOLLOWING ARE ATTACHED WITH THIS APPLICATION:

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
COPY OF ABATEMENT CONTRACTOR'S DISTRICT OF COLUMBIA CERTIFICATION  
COPY OF CONTRACTOR'S CURRENT LIABILITY INSURANCE, INCLUDING PROFESSIONAL,  
ENVIRONMENTAL AND GENERAL LIABILITY  
COPY OF CONTRACT FOR THE LEAD-HAZARD REDUCTION AND/OR REDUCTION PROJECT  
APPROPRIATE PERMIT FEE (make check or money order payable to the **D.C. Treasurer**; application fees are  
non-refundable)  
SCOPE OF WORK

RETURN APPLICATION/NOTIFICATION TO: D.C. Department of Health  
Lead Poisoning Prevention Division  
51 N Street, N.E., 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Attention: Lead Abatement Permitting

DATE RECEIVED: _____		OFFICE USE ONLY		PERMIT OR NOTIFICATION NUMBER: _____	
LBPMP REVIEW BY: _____		SIGNATURE: _____		DATE: _____	
APPROVED <input type="checkbox"/>		PENDING <input type="checkbox"/>		DENIED <input type="checkbox"/>	
NOTIFICATION ASSIGNMENT FOR INSPECTION: INSPECTOR _____				DATE: _____	

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL,  
CALL THE INSPECTOR GENERAL ON 1-800-521-1639**



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH ADMINISTRATION  
BUREAU OF HAZARDOUS MATERIAL AND TOXIC SUBSTANCES  
LEAD POISONING PREVENTION DIVISION  
51 N STREET, N.E., 3<sup>RD</sup> FLOOR  
WASHINGTON, D.C. 20002  
202-535-1934

**LEAD-BASED PAINT HAZARD REDUCTION AND CONTROL  
NOTIFICATION REVISION FORM**

TYPE OR PRINT YOUR ANSWERS IN DARK INK

PERMIT OR NOTIFICATION NUMBER: \_\_\_\_\_

1. TYPE OF NOTIFICATION: Amendment/Project Change ☐ Cancellation ☐
2. PROPERTY ADDRESS: \_\_\_\_\_
3. START/COMPLETION DATE(S) OF PROJECT: (Notify this office no less than 10 business days prior to the start of the project:  
Notifications may be faxed to LEAD ABATEMENT PERMITTING at FAX:  
(202 535-1396)

START DATE: \_\_\_\_\_ END/COMPLETION DATE: \_\_\_\_\_

4. WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.

5. GENERAL CONTRACTOR: \_\_\_\_\_ ABATEMENT CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

D.C. LEAD CERTIFICATION NUMBER: \_\_\_\_\_  
BUSINESS ENTITY #

6. ABATEMENT SUPERVISOR: \_\_\_\_\_ D.C. LEAD CERTIFICATION NUMBER: \_\_\_\_\_  
NAME SUPERVISOR #

7. ABATEMENT SUPERVISOR'S CONTACT NUMBERS: \_\_\_\_\_  
TELEPHONE BEEPER/CELL PHONE

8. CHANGES/EXPANSION TO THE SCOPE OF WORK AND ASSOCIATED COST INCREASES: \_\_\_\_\_

ADDITIONAL PERMIT FEE: \_\_\_\_\_

FAX or RETURN TO: D.C. Department of Health  
Lead Poisoning Prevention Division  
51 N Street, N.E., 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Attention: Lead Abatement Permitting  
FAX: 202 535-1396

**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ PERMIT/NOTIFICATION NUMBER: \_\_\_\_\_

REVIEW BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED ☐ PENDING ☐ DENIED ☐

NOTIFICATION ASSIGNMENT FOR INSPECTION: INSPECTOR \_\_\_\_\_ DATE: \_\_\_\_\_

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL,  
CALL THE INSPECTOR GENERAL ON 1-800-521-1639**

**DISTRICT OF COLUMBIA GOVERNMENT  
DEPARTMENT OF HEALTH**

***CERTIFICATION***

**TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996," (EFFECTIVE MAY 11, 1996, D.C. LAW 11-118, D.C. CODE § 47-2861 ET SEQ.).**

I, \_\_\_\_\_, certify that as of \_\_\_\_\_, I do not  
*PRINT NAME CLEARLY* *DATE*  
owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Code §6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code §6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code §6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

\_\_\_\_\_  
*SIGNATURE OF APPLICANT*

\_\_\_\_\_  
*TITLE*

# LEAD HAZARD CONTROL QUESTIONNAIRE AND EXEMPTION FORM

Project Address: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Phone Number \_\_\_\_\_ Square #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Ward #: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Building Type: Commercial - Office ☐ Institutional – Hospital ☐ Government – Federal ☐  
Mixed Use (Explain) \_\_\_\_\_ Museum ☐ District ☐  
Residential School or child care ☐  
Multi-family ☐  
Single family ☐  
Elderly or handicapped ☐

## 1. Is the project planned in response to a child being identified as being lead poisoned?

- ☐ **YES** Contact the Lead Poisoning Prevention Division at 51 N Street, N.E., 3<sup>rd</sup> Floor, (202) 535-2627 for a lead-based paint hazard reduction and control permit and/or notification form.
- ☐ **NO** Proceed to question 2.

## 2. Is the project designed to eliminate or reduce lead-based paint hazards in a pre-1978 building or structure?

- ☐ **YES** Contact the Lead Poisoning Prevention Division at 51 N Street, N.E., 3<sup>rd</sup> Floor, (202) 535-2627 for a lead-based Paint hazard reduction and control permit and/or notification form., unless an exemption listed below applies.

### EXEMPTIONS

Please indicate the applicable exemption from the following list:

- ☐ Individuals who perform lead-based paint activities at residences which they own, unless the residence is occupied by a person or persons other than the owner or the owner's immediate family; unless any child under the age of 8 years resides, is expected to reside in, or regularly visits such housing.
- ☐ Housing for the elderly or persons with disabilities; unless any child under the age of 8 years resides, is expected to reside in, or regularly visits such housing.
- ☐ Any zero (0) bedroom unit, such as an efficiency apartment.

- ☐ **NO** Lead permit is not required, but you are required to answer the following questions:

SCOPE OF PROJECT	YES	NO	COMMENTS
1. Is the project disturbing deteriorated lead-based paint on surfaces totaling more than two (2) square feet per room, or twenty (20) square feet on exterior surfaces, or 10% of a building component with a small surface (such as a small painted window frame) involving any of the following:			
A. Removal and replacement of lead-based paint components (door & window repair/replacement, baseboards, siding, casing and trim)?			
B. Onsite stripping and removal of lead-based paint?			
C. Partial demolition or gutting of the building?			
2. Does the project involve the removal and covering of lead-contaminated soil?			

### AFFIDAVIT

I declare that the information provided is accurate, true and complete to the best of my knowledge and/or that I certify that I have the authority to represent the owner of the property to answer this application and sign on behalf of the company and/or persons listed as owners. I understand that if such information contained in this application is false, I am subject to the penalty provision of D.C. Law 11-221. Any fraud or misrepresentation on an application shall be grounds for automatic rejection and/or civil administrative penalties. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH ADMINISTRATION  
CONSTRUCTION PERMIT APPLICATION – SUPPLEMENTAL FORM – ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: \_\_\_\_\_ LOT: \_\_\_\_\_ SQUARE: \_\_\_\_\_  
PROJECT DESCRIPTION: \_\_\_\_\_

Note: please answer all 10 questions in this questionnaire, by checking either column "Yes" or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office' as soon as possible. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE (Initial/Date)
1. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?			(202) 535-2289, EIS coordinator, EHA	
2. Will the work to be performed involve the assessment or clean-up of soils associated with the release of materials from an underground storage tank (UST)?			(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2250, Air quality Division, EHA	
3. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?			(202) 535-2525, Underground Storage Tank Division, EHA (202) 535-2190, Water Quality Division, EHA (202) 535-2250, Air Quality Division, EHA	
4. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?			(202) 535-2190, Water Quality Division, EHA	
5. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?			(202) 535-2290, Hazardous Waste Division, EHA	
4. Will the proposed project involve construction that will disturb the sediment in rivers, streams or wetlands?			(202) 535-2190, Water Quality Division, EHA	
5. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?			(202) 535-2525, Underground Storage Tank Division, EHA	
6. Will the proposed project result in the discharge into the air of gases dust, or the creation of any objectionable odors?			(202) 535-2250, Air Quality Division, EHA	
7. Will the proposed project involve the removal, handling, transportation, disposal, or encapsulation of asbestos?  **Please bring with you a copy of your asbestos survey, ten-day notification form, and asbestos abatement permit fee.			(202) 535-2250, Air Quality Division, EHA	
10. Was the building built before 1978? (Lead paint may be present.)			If you answer "Yes" to this question, please answer the questions and follow the instructions on the "Lead Hazard Control Questionnaire" to determine if you need a permit to conduct a Lead Abatement Project.	

**AFFIDAVIT**

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**OFFICE USE ONLY**

COMMENTS AND PERMIT RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_